

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>13/1</i>	<i>7885</i>	
O.I.P.E. CLASSIFIER	<i>SW</i>	<i>42</i>	<i>2/2/00</i>
FORMALITY REVIEW		<i>68746</i>	<i>2-8-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected  
☐ Allowed  
☐ (Through numeral) Canceled  
☐ Restricted  
☐ Non-elected  
☐ Interference  
☐ Appeal  
☐ Objected

Claim	Date
Final Original	
1	<i>9/19/01</i>
2	<i>4/3/02</i>
3	<i>9/27/02</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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1.49n U.S. PTO  
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12/26/09

CLASS

APP

APPLICANTS

TITLE

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**WARNING:**  
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Form PTO-436A  
(Rev. 6/99)